For administrative us	e only
Date received:	•
Date reviewed:	

## **Intensive Needs Checklist**

Please complete the following checklists and re Thank you!	eturn to your building adminis	trator.
Student:	Date:	
Person(s) completing this form:		
1. Does the student require supervision due to		
If yes, please describe.	YES	NO
2. Does the student require continual teacher p	-	210
During instruction and/or After instruction (e.g. during independent	rnt work)? YES	NO NO
3. Does the student require assistance with bas	ic functional skills?	
Toileting	YES	NO
Mobility	YES	NO
Feeding	YES	NO
Dressing	YES	NO
Following basic safety rules	YES	NO
4. Does the student have medical needs?  If yes, please describe.	YES	NO

5.	Does the student have physical needs? If yes, please describe.	YES	NO
6.	Is the student's performance consistent with his/her ability?  If no, please describe.	YES	NO
7.	Is the student included by his/her peers in classroom activities? Please describe.	YES	NO
8.	Is the student currently receiving specialized small or individual group instruction in specific academic areas?  If yes, please describe.	YES	NO
9.	Does the student have a communication system?  If yes, please describe.	YES	NO
10	. If the student has challenging behaviors, answer the following	questions:	
	<ul> <li>Has baseline data been collected?</li> <li>Do IEP objectives address behaviors?</li> <li>Is the behavior plan being implemented?</li> <li>(please show data to support results of the behavior plan)</li> </ul>	YES YES YES	NO NO NO

11. How often do you consult with the stude	
interventions and/or program accommodation cooperative learning, re-grouping within the	
12. Please note what interventions or programmate of success:	m changes you have tried and describe their
13. If these interventions are not an option, p	please explain why.
	lent? YES NO

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